

Arizona Nevada Tower Corp.

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Arizona Nevada Tower Corp. (ANTC), incorporated in February 2003, is an existing wireless communication service and infrastructure business based in Las Vegas, Nevada with strong ties throughout the state. ANTC specializes in providing wireless communications facilities in strategic locations throughout Nevada, including an existing network servicing 850 miles of the U.S. Highway 95 and U.S. Highway 93 NAFTA corridors leading out of Las Vegas.

ANTC has expanded its operations by focusing on providing carrier grade backhaul service throughout its growing network, and by providing wireless broadband Internet access to select rural communities through collaboration with the U.S. Department of Agriculture's (USDA) Rural Utilities Service (RUS). ANTC is dedicated to bringing redundant and reliable broadband data access to underserved communities throughout Nevada by partnering with local anchor institutions (e.g. medical and healthcare providers, public safety entities, libraries, K-12 schools, community colleges and other institutions of higher education, and other community support organizations).

ANTC is currently applying for a RUS Broadband Initiatives Program (BIP) loan/grant. An award under the RUS BIP program will allow ANTC to further develop infrastructure that will fuel long-term economic growth and opportunity throughout rural Nevada. Following are some of the communities that will benefit from this partnership:

- Duckwater
- Curren
- Austin
- Carvers
- Hadley
- Manhattan
- Yomba Reservation
- Schurz
- Fernley
- Yerington & Yerington Colony
- Dayton
- Silver Springs
- Fallon
- Weed Heights
- Mason
- Smith Valley
- Dyer
- Fish Lake Valley
- Tonopah

While ensuring a seamless carrier coverage footprint in an ever growing network, ANTC is committed to being a responsible corporate citizen. ANTC is committed to rectifying the technological inequities in underserved areas by offering new or substantially upgraded services to anchor institutions which compose the safety net of every community. ANTC is steadfast in its mission to connect these essential organizations in rural Nevada to broadband services; economic development will be bolstered, and overall quality of life will be enhanced.

Nevada Health Information Technology Blue Ribbon Task Force HIE Planning Subcommittees

Framework for Meetings April 9, 2010

1. Meetings will be held via conference calls, in accordance with Nevada Open Meeting Law, and conference call services have been arranged. Meetings* can begin as soon as possible, as long as Open Meeting Law requirements can be met. Subcommittees are subject to all Task Force bylaws.
2. Subcommittee objectives are based directly on the State HIE Cooperative Agreement Requirements, Terms and Conditions expected of all recipients. The State HIT Coordinator will provide more specific information to each Subcommittee, regarding what is necessary for the strategic plan and what is necessary for the operational plan.
3. Subcommittee Chairs are responsible for setting meeting agendas and working with DHHS staff to get the agendas written, posted and distributed. Agendas must be posted by 9:00 am, three full days before the actual meeting date. For example, a meeting to be held at 11:00 am on May 21, would have to be posted by 9:00 am on May 18. Task Force members will be notified of all Subcommittee meetings.
4. DHHS staff will support the work of the Subcommittees: arranging the conference calls, posting and distributing agendas, recording the meetings, drafting meeting minutes, assisting with the preparation of the final reports, and making sure that the DHHS Web site is kept updated with Subcommittee information and meeting materials.
5. To assist them with deliberations, Subcommittees can call on subject matter experts, stakeholders, coalitions, Task Force members, and other Subcommittees.
6. Subcommittees may elect Vice Chairs, and Chairs may assign tasks to the members. Members may work together outside of meetings, as long as a quorum is not present.
7. Subcommittees are encouraged to coordinate their efforts and work together, where there are similar or overlapping issues and to maximize the exchange and discussion of ideas. To help facilitate this process, each Subcommittee Chairs will provide an Interim Progress report to the full Task Force during the May 7, 2010 meeting. The reports do not have to be formal or written. Please include how the Subcommittee intends to proceed, share preliminary thoughts/ideas, and report progress to date.

* There are certain dates when Subcommittee meetings will not be possible, due to DHHS staff unavailability (HIT Task Force meetings, required state/federal meetings, and furlough days). Right now, these dates are:

April 16	May 6-7
April 20-21	May 10-14
April 26-27	June 10-11
April 29-30	June 18

**Nevada Health Information Technology Blue Ribbon Task Force
Proposed HIE Planning Subcommittees
April 9, 2010**

Task Force Members in BOLD

Subcommittee on HIE Technical Infrastructure

Dr. Stephen Loos - Chair

Brian Brannman

Robert Schaich

Alicia Hansen (DHHS)

Ernie Hernandez (DHHS)

Todd Radtke – (Nevada Rural Hospital Partners)

Mel Rosenberg (Nevada Medicaid)

Objectives: Recommend a statewide HIE technical infrastructure that 1). leverages existing efforts, resources and assets; 2). facilitates shared directories and technical services; 3). ensures intra-state, interstate and nationwide HIE, including the NHIN; 4). enables telemedicine integration into EHRs; 5). is integrated, scalable and technically sustainable; 6). meets interoperability standards and requirements; and 7). supports HIE services, including:

- Electronic eligibility and claims transactions,
- Electronic prescribing and refill requests,
- Electronic clinical laboratory ordering and results delivery,
- Electronic public health reporting (e.g., immunizations, reportable laboratory results, population health, etc.),
- Quality reporting,
- Health economics analysis,
- Prescription fill status and/or medication history, and
- Clinical summary exchange for care coordination and patient engagement.

Interim Progress Report due May 7, 2010

Final Report and Recommendations due June 11, 2010

Subcommittee on HIE Governance and Accountability

Bobbette Bond - Chair

Chuck Duarte

Rick Hsu

Scott Kipper

Deborah Huber (HealthInsight)

Dr. Gregory Mosier (Dean, UNR College of Business)

Bill Welch (Nevada Hospital Association)

Objectives: Recommended a statewide HIE governance structure that 1). enables statewide HIE for health care stakeholder groups, including providers, payers and pertinent government agencies via a State Designated Entity (SDE); 2). facilitates coverage of all providers for meeting

HIE and meaningful use requirements; 3). ensures the coordination, integration and alignment of efforts with Medicaid, public health (e.g., immunization registry, communicable disease reporting, epidemiological surveillance, etc.), federal health delivery systems (e.g., IHS, VA, DoD, etc.), and state health insurance exchanges; 4). protects personal health information in a secure manner; 5). establishes mechanisms to provide oversight and accountability of HIE to protect the public interest and ensures HIE among providers are compliance with applicable policies and laws; 6). creates new private sector business and job opportunities, and 7)enables health economics analysis and evaluation.

Interim Progress Report due May 7, 2010

Final Report and Recommendations due June 11, 2010

Subcommittee on HIE Financial Viability and Sustainability

Chris Bosse - Chair

Robert Dornberger

Tom Chase

Leslie Johnstone (Health Services Coalition)

Steve Boline - (Nevada Rural Hospital Partners)

Jack Kim (United Health Group and Nevada Association of Health Plans)

Dr. Jeanne Wendel (UNR Health Economics Professor)

Objectives: Identify feasible public and/or private financing mechanisms for funding the required federal matches for HIE grants, the HIE SDE, and EHR adoption, and make recommendations on which mechanism(s) would be the best path to a sustainable HIE.

Interim Progress Report due May 7, 2010

Final Report and Recommendations due June 11, 2010

Subcommittee on EHR Adoption and Meaningful Use

Marc Bennett – Chair

Dr. Tracey Green

Dr. Maurizio Trevisan

Caroline Ford (UNSOM and Office of Rural Health)

Justin Luna (Nevada Medicaid)

Larry Matheis (Nevada State Medical Association)

Keith Parker (HealthInsight)

Objectives: 1). Identify barriers to EHR adoption and potential strategies to remove the barriers. 2). Recommend standards for HIE data transmission and aggregation that support clinical care standards and meaningful use. 3). Identify workforce readiness requirements and recommend strategies and/or programs to meet workforce needs.

Interim Progress Reports due May 7, 2010

Final Report and Recommendations due July 16, 2010

Subcommittee on HIE Privacy, Security and Patient Consent

Glenn Trowbridge - Chair

Peggy Brown

Valerie Rosalin

Marena Works

Rebecca Gasca (ACLU Nevada)

Ernie McKinley (UMC)

Theresa Presley (DHHS)

Objective: Recommend a statewide HIE policy framework that takes the following privacy issues into serious consideration:

- Recognizes that individuals own their health data,
- Gives individuals control over who can access their electronic health records,
- Gives individuals the right to opt-in and/or opt-out of electronic health systems,
- Gives individuals the right to segment sensitive information,
- Requires audit trails of every disclosure of an individual's health information,
- Requires that individuals be notified when their health information is accessed and by whom,
- Requires that individuals be notified of suspected or actual privacy breaches within a reasonable length of time,
- Provides meaningful penalties and enforcement for privacy violations,
- Requires that health information disclosed for one purpose may not be used for another purpose without informed consent,
- Ensures that individuals cannot be compelled to share electronic health records to obtain employment, insurance, credit, or admission to schools,
- Denies employers access to employees' medical records, and
- Preserves and permits stronger privacy protections in the NRS.

Interim Progress Report due May 7, 2010

Final Report and Recommendations due July 16, 2010

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**NEVADA
HEALTH INFORMATION TECHNOLOGY
BLUE RIBBON TASK FORCE**

DR. RAYMOND RAWSON, CHAIRMAN

**REPORT TO
GOVERNOR JIM GIBBONS**

APRIL 30, 2010

This report has been prepared, pursuant to the Executive Order issued by Governor Jim Gibbons, dated September 11, 2009, establishing the Nevada Health Information Technology (HIT) Blue Ribbon Task Force. The order stipulates “that the Task Force shall submit preliminary recommendations to the Governor’s Office no later than April 30, 2010 regarding revisions to state laws and regulations that impede the exchange of health care information or to further protect sensitive personal health information, and to present potential health information technology projects and related funding for inclusion in the Governor’s recommended budget for Fiscal Years 2011-2012 and 2012-2013.”

ARRA HITECH Act of 2009

On February 17, 2009, the American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law. This statute includes the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) that sets forth a plan for advancing the meaningful use of health information technology (HIT) to improve quality of care through the adoption of electronic health records (EHRs) and the facilitation of health information exchange (HIE).

As mandated by the HITECH Act, the Office of the National Coordinator for Health Information Technology (ONC) is updating the Federal Health IT Strategic Plan published in June 2008, for the 2008-2012 timeframe. The revised plan will encompass 2011-2015, and, as per the statute, will include specific objectives, milestones, and metrics regarding the electronic exchange and use of health information; the utilization of an electronic health record for each person in the United States by 2014; the incorporation of privacy and security protections for electronic exchange of an individual’s individually identifiable health information; and security methods to ensure appropriate authorization and electronic authentication of health information.

HITECH required that federal standards be developed to support EHR adoption and meaningful use requirements. CMS and ONC did not issue proposed regulations on the definition of meaningful use and the initial set of standards, implementation specifications, and certification criteria for EHR/EMR technology until December 30, 2009. Public comment was taken until March 15, 2010, and final regulations are now pending.

Status of the Nevada HIT Blue Ribbon Task Force

Since its inception, the Task Force has met five times, and monthly meetings are scheduled during the remainder of the calendar year. Bylaws were adopted, and all meetings are held in accordance with Nevada Open Meeting Law. Task Force meetings are held at two locations, connected via videoconferencing. As often as possible, the meetings are also broadcast live over the Internet, for maximum transparency. The Department of Health and Human Services (DHHS) maintains the HIT Web site (<http://dhhs.nv.gov/HIT.htm>), which includes information regarding federal HIT/HIE initiatives, Nevada HIE efforts, and the HIT Task Force meetings and activities. It is linked to the Nevada ARRA Web site, and the Nevada ARRA Director receives all meeting agendas and materials.

On October 16, 2009, DHHS submitted an application to ONC for a funding award under the ARRA State HIE Cooperative Agreement Program, and award announcements were expected by mid-January 2010. While waiting for the award and more clearly defined requirements, the Task Force reviewed HIE governance and infrastructure options, lessons learned by other states, and privacy and security concerns. It also met with the Chairman of the Nevada Broadband Task Force to better coordinate efforts, as broadband connectivity is an enabling technology for EHR adoption, meaningful use and HIE.

HITECH State HIE Cooperative Agreement

On February 12, 2010, DHHS received notice that it was awarded a four-year ARRA HITECH State HIE Cooperative Agreement in the amount of \$6,133, 426. The award is to be used for the establishment of a basic statewide infrastructure which permits intra-state, interstate and nationwide HIE, and also supports the adoption of EHRs and the accompanying meaningful use requirements. HIE is required for certain providers and hospitals to be eligible for the EHR meaningful use incentives being offered by the Centers for Medicare and Medicaid Services (CMS).

The first phase of the HIE Cooperative Agreement is the development and submission of a state HIT Strategic Plan and HIE Operational Plan. These are due to the Office of the National Coordinator for Health Information Technology (ONC) by August 31, 2010. This planning process requires an environmental scan for determining HIE readiness and adoption across all health care providers in the state, as well as an inventory of the legal framework for facilitating HIE.

Nevada Medicaid must also develop similar plans and engage in comparable planning activities, for which it has received ARRA HITECH funding. HITECH does require that Nevada Medicaid's plans be coordinated and integrated with those of the HIE Cooperative Agreement. ONC and CMS are allowing certain shared activities, and DHHS and Nevada Medicaid expect to pool resources whenever possible, to maximize the return on investment of the ARRA HITECH funding. The first such project is the environmental scan, which will ensure consistency of the resulting data for the planning process. Doing it jointly, using the same vendor, is a cost-effective and an efficient way for both agencies to support and integrate their HIT strategic plan requirements.

During the Task Force meeting on April 9, 2010, five HIE Planning Subcommittees were appointed and tasked to assist DHHS with the development of the strategic plan and operational plan. Each 7-member Subcommittee is chaired by a Task Force member, has at least 3 Task Force members, and includes non-Task Force members to broaden stakeholder participation. Nevada Medicaid, represented on both the Task Force and three of the Subcommittees, expects to utilize the same information and subject matter expertise in developing its plans, to ensure coordination and consistency between the efforts.

Preliminary Recommendations

The funding announcement of the State HIE Cooperative Agreement, which was delayed approximately one month, included new and unexpected requirements not anticipated. Several of these requirements will have a direct impact on the state legislation necessary to enable health information exchange, facilitate EHR adoption, and protect personal health information. The same is true for the final regulations detailing meaningful use standards. These regulations are unknown at this time, with no estimation as to when they will be released, and will need to be cross-walked with state laws, so that gaps may be identified. Finally, addressing the issue of patient consent is critical to successful HIE and EHR meaningful use, and public workshops may be necessary to garner feedback from Nevada residents.

There are four related variables that may impact HIE legal and policy issues, and DHHS is monitoring them. The first is the previously mentioned revision of the Federal Health IT Strategic Plan. There could be additional requirements that would necessitate state legislation.

While personal health information (PHI) contained in EHRs is protected under HIPAA laws and regulations, that same information, if contained in Personal Health Records (PHRs), is not. PHRs, such as those offered by Google[™] health or Microsoft[®] HealthVault[™], fall under the jurisdiction of the Federal Trade Commission (FTC). Because of recent privacy complaints and concerns raised by PHR users and the advent of HIE, the FTC is now reviewing the protection of PHI contained within PHRs. However, there is no indication of when the FTC will render a decision or what the potential outcome might be.

The interim regulations for standards for health information security being developed by the U.S. Department of Commerce's National Institute of Standards and Technology (NIST) are not expected until late summer of this year. CMS is working with NIST to ensure related HIPAA compliance with the HITECH Act, and the use of mobile devices for remote data access is also being addressed.

The fourth variable is broadband connectivity for health care providers and hospitals statewide. Under the jurisdiction of the Federal Communications Commission (FCC), the National Broadband Plan is following the previously mentioned revision of the Federal Health IT Strategic Plan. The FCC is incorporating the use of wireless devices and applications in health care as part of the broadband plan, and working to remove the barriers created by HIT gaps that are slowing broadband acceleration.

The results of the legal inventory, required by the HIE Cooperative Agreement, will be necessary to determine what specific revisions to state laws and regulations will be required. However, at this time, the Task Force is able to recommend the following Bill Draft Requests, and more definitive recommendations will be made to Governor Gibbons and his staff, no later than August 23, 2010.

1). Health Information Exchange

BDR: Establishes provisions regarding Health Information Exchange.

BDR: Establishes provisions regarding health record repositories and banks.

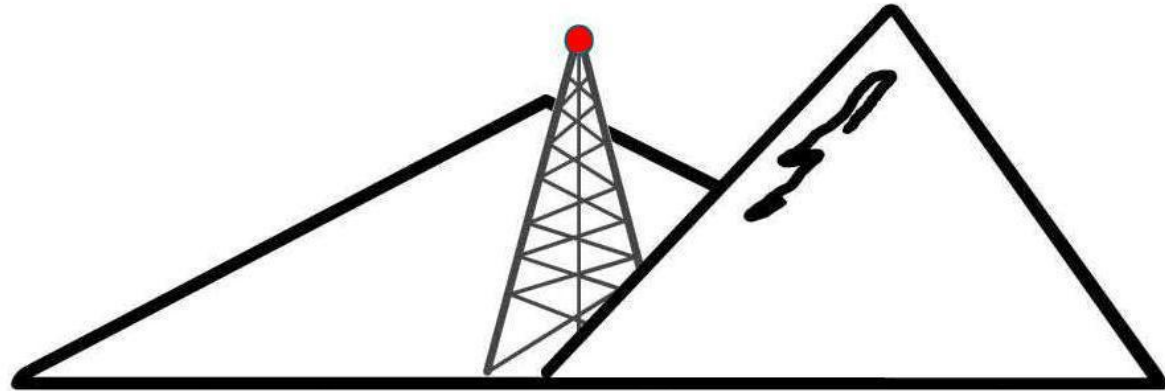
BDR: Creates the Electronic Health Records Act; authorizes the creation, maintenance and use of electronic health records.

2). Protection of Personal Health Information

BDR: Establishes provisions relating to electronic health records; clarifies individual rights with respect to the disclosure of information contained in electronic medical records; clarifies the protection of privacy of electronic medical records.

3). Potential HIT Projects and Related Funding

There are no recommendations at this time. The HIE governance structure is expected to be a public-private partnership, with an independent funding mechanism.

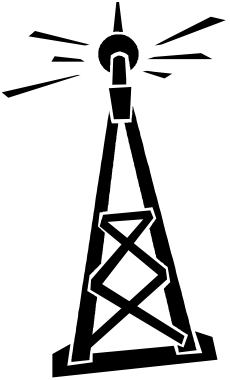


*Arizona Nevada
Tower Corporation*

Nevada Community Anchor
Wireless Backhaul Solution

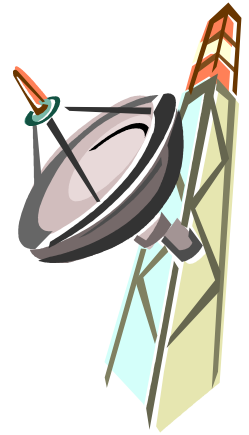
Kevin Hayes, Vice President

Who is ANTC?



1. Rural Nevada Tower Developer

2. Broadband Backhaul Provider



3. Rural WISP

ANTC & A.R.R.A.(USDA BIP)

- ANTC's design provides high speed access to more than 20 communities including 4 tribal communities.
- Hospital/Clinic access in communities where fiber is either at capacity or nonexistent.
- Significant cost savings for wholesale transport to all users
- Allows for expanded communications capabilities across the board

Nevada Coverage Map



QUESTIONS

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